



Boise VAMC Psychology Postdoctoral Residency in Clinical Psychology
Focus Areas: Primary Care-Mental Health Integration and PTSD/SUD

Boise VA Medical Center
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APPLICATION DUE DATE: December 03, 2023

Positions Available:

- 1 Clinical Psychology Resident: PTSD/SUD Focus
- 2 Clinical Psychology Residents: PCMHI Focus

Accreditation Status

The Postdoctoral Residency Program at the **Boise VA Medical Center** (Boise VAMC) is accredited by the Commission on Accreditation of the American Psychological Association (APA) in Clinical Psychology. We were reaccredited 2022 and the next site visit is planned for 2031. Questions related to the accreditation process and status should be addressed to:

Office of Program Consultation and Accreditation

Education Directorate
American Psychological Association
750 First Street, NE
Washington, DC, 20002-4242.
(202) 336-5979
apaaccred@apa.org
www.apa.org/ed/accreditation

Description

The Boise VAMC Psychology Postdoctoral Residency Program offers funding for three, 1-year Postdoctoral Residency positions for the 2024-2025 training year: two in Primary Care-Mental Health Integration (PCMHI) and one in Trauma/Substance Use Disorders (PTSD/SUD). Training emphasizes advanced practice skills, research, teaching, supervision, and health policy/program development. Psychology Residents receive interprofessional training with internal medicine, pharmacy, nursing, nurse practitioner, social work, and psychology trainees in a variety of settings, including clinical care, research, and education.

Boise VAMC Training and Psychology Setting

The Boise VAMC has a long history of providing training to medical and associated health professions. For example, during the 2022-2023 academic year, the Medical Education program provided training to 338 health profession trainees in fields such as medicine, nursing, psychology, social work, pharmacy, physician assistants, radiology technicians, physical therapy, and occupational therapy, speech pathology, and surgical technicians.

In recognition of the excellence in training and interdisciplinary care, VA Headquarters (Office of Academic Affiliations) selected the Boise VAMC as a Center of Excellence in Primary Care Education in 2011. This Office of Academic Affiliation (OAA) grant was intended to foster the transformation of clinical education by preparing health profession graduates to work in patient-centered interprofessional teams that provide coordinated longitudinal care. Specific to the psychology internship, this has provided potential opportunities for psychology trainees, pharmacy residents, nurse practitioner residents, and internal medicine residents to collaborate in a patient-centered medical home (i.e., combined curriculum,

scholarly inquiry, and clinical care). Although the Center of Excellence grant has expired, interprofessional training has continued under the management of the Center of Education. For more information on the Boise VAMC Center of Education and specific training programs please go to <http://boisevacoe.org/>.

Within Behavioral Health, the Associate Chief of Staff for Behavioral Health (ACOS/BH) oversees a multidisciplinary Behavioral Health Service (BHS) leadership team comprised of Psychiatry, Social Work, Nursing, and Psychology, who in turn supervise over 100 total BHS staff members. Dr. Mark Heyne serves as the Chief of Psychology and the Psychology Service is comprised of doctoral level psychologists, master's level counselors, a neuropsychology psychometrician, and administrative assistants. Additionally, Boise VAMC Psychologists are involved in BHS and Medical Center leadership and act as members and consultants to numerous interprofessional treatment teams. The Psychology staff currently holds leadership roles in the PTSD Clinical Team (PCT), Neuropsychology Team, Polytrauma Team, Primary Care-Mental Health Integration (PCMHI), Home Based Primary Care (HBPC), Compensation and Pension (C&P), Substance Abuse, Telehealth, Education, and Outpatient BHS. Five Boise VAMC Psychologists hold clinical faculty positions at the University of Washington and provide training to medical and psychiatry residents.

Populations Served

The Boise VAMC serves primarily rural Veterans, with 43% of Veterans served residing in rural or highly rural areas. Overall, the facility serves more than 40,000 urban, rural, and highly rural Veterans annually. The Boise facility also supports two rural CBOCs in Twin Falls and Caldwell, as well as three highly rural outreach clinics in Salmon, Mountain Home, and Burns, Oregon. The Caldwell CBOC provides care to approximately 2,300 patients per year with roughly 25% designated as living in rural and 25% designated as living in highly rural settings.

Boise Behavioral Health Service (BHS) provides care to approximately 8,100 Veterans a year. Primary diagnoses include Depression/Mood Disorders, PTSD /Anxiety Disorder, Substance Use Disorders, with the remaining (primary) diagnoses including Psychotic Disorders, Adjustment Disorders, Personality Disorders, and Psychological Factors Affecting Medical Conditions. Of the BHS-served Veterans who provide ethnicity information, 87% identify themselves as "Not Hispanic or Latino." Approximately 85% of the total number identified their race as White/Caucasian, with the remaining 15% identifying their race as Native American, Alaska Native, Asian American, Black or African American, and Native Hawaiian or Pacific Islander. Fourteen percent of Veterans served in BHS are women. The service era breakdown for all Veterans served include World War II (8.8%), Korea (6.7%), Vietnam Era (36%), Desert Storm (17.5%), OIF/OEF/OND (7.5%), and all other periods (23.5%). The age breakdown for all Veterans served in BHS is as follows: < 25 (1%), 25-34 (14%), 35-44 (16%), 45-54 (15%), 55-64 (19%), 65-74 (25%), 75-84 (7%), and 85+ (3%). Due to the overall economic climate in Idaho (i.e., approximately 14% of residents in Idaho live below the poverty line), many of the Veterans treated within behavioral health have limited financial resources.

Stipend and Benefits

Stipend: \$52,005

Fringe benefits: health, vision and dental insurance, federal holidays (11), vacation (13 days), sick leave (13 days).

Leave: Residents receive 11 federal holidays, 13 paid vacation days and up to 13 paid sick days per year. Additionally, Authorized Absence (AA) may be approved by the training director and supervisors for research meetings, conference attendance, and job interviews.

Application Requirements

A candidate for the Boise VAMC Psychology Postdoctoral Residency must have:

- 1) A doctoral degree in psychology from an APA accredited doctoral program obtained prior to the Residency start date;
- 2) Completed an APA accredited psychology internship;
- 3) Successfully defended his/her dissertation and completed all other degree requirements before the beginning of the Residency program.
- 4) The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this Residency and fit the above criteria, you will have to sign it. All Residents will have to complete a Certification of Citizenship in the United States prior to beginning the Residency. We cannot consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Residents are not required to be tested prior to beginning work, but once on site they are subject to random selection in the same manner as other staff employees (Link to VA [Drug-Free Workplace Program](#)).
- 5) VA appointment requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the graduate program must complete and sign this letter. VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
- 6) Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Selection and Interview Process

The application and selection process has been designed to be in accordance with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including the Common Hold Date. Applicants will apply to for either PCMHI or PTSD/SUD focused positions. Applicants that are interested in either position can submit separate applications for both focuses. Application materials will be reviewed upon receipt, and top candidates will be invited for phone/video interviews. Our interview and selection criteria is based on a goodness-of-fit model. Ideal candidates have the knowledge and skills to contribute to and succeed in our postdoctoral program, as well as professional goals that align with the experiences our program offers. Preference is given to candidates that have demonstrated strengths in clinical work (including experience with empirically supported psychotherapies), scholarly productivity, experience with relevant populations and systems (e.g., rural, interprofessional, and Veterans), and advanced professionalism. Applicants are welcome to visit the facility, but all formal interviews are completed via telephone or videoconferencing. Offers will be made once all interviews have been completed. Once all offers are accepted the remaining applicants will be contacted.

The Boise VAMC is committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups. The Boise VAMC adheres to the Americans with Disabilities Act (ADAAA; ADA Amendment of 2008 effective January 1, 2009) as well as the national VA nondiscrimination policy (VHA Directive 1018, effective May 30, 2013).

Important Deadlines

Application Deadline: December 3rd, 2023

Interview Notification Deadline: By December 11th 2023

Interviews: December 12th 2023 through January 5th 2024

Start Date: The start date is July 31, 2024. There may be some flexibility in that start date if all degree requirements have not yet been met.

To apply, submit materials electronically to: <https://appicpostdoc.liaisoncas.com>

Training Aims and Competencies

The primary goal of the Residency is to prepare early-career psychologists for direct care, research, education, and program development in patient-centered interprofessional care settings, with an emphasis in contributing to rural health care delivery. Additionally, the program seeks to develop leaders in the integration of mental and physical health care in rural settings through teaching and health policy/program development. To this end, Residents engage in scholarly inquiry, participate in advanced curriculum, and provide empirically supported care and teaching/consultation for a variety of clinical conditions on interprofessional teams.

Program Aims include:

- 1) Integration of Science into Healthcare:** The Boise Psychology Postdoctoral Residency Program is committed to training professionals who engage in clinical practice consistent with the current state of scientific knowledge, with a particular focus on preparing psychologists for integrated and rural health care practice. The program's goal is to train future clinicians to inform their practices with extant scientific research, as well as to develop their abilities to think critically in addressing areas in which clinical research is limited. We encourage trainees to become both consumers and participants in research.
- 2) Generalist Training:** We believe that psychologists should be well-rounded generalists, as they receive training with a variety of diverse individuals and groups (e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status) and a range of problems. As the primary focus of the internship year is training, we plan the training year based upon trainee needs and goals, and allow for flexibility as their professional identifies become increasingly consolidated.
- 3) Developmental Training:** We believe that the training process should be developmental. That is, residents follow a professional developmental process, assuming increasing levels of professional responsibility across the training year. It is expected that residents demonstrate substantial gains during the training year in the identified competencies as they receive clinical supervision and ongoing feedback regarding their progress. Objective competencies were designed to monitor progress across rotations and throughout the postdoctoral year. These competencies were developed with the goal of being sequential, cumulative, and graded in complexity, while also identifying the minimum level of achievement necessary to successfully complete the program.
- 4) Sensitivity to Diversity:** The Boise VA Psychology training program values diversity and the unique perspectives individual differences provide. As such, we place a high value on attracting a diverse group of trainees as well as emphasizing awareness of diversity issues throughout the training year. We provide opportunities for trainees to apply their knowledge of individual and cultural diversity in clinical, research, and interprofessional settings. We encourage exploration of how individual cultural identities interact with those of others.
- 5) Interprofessional Collaboration:** We believe that interprofessional collaboration is key to the provision of comprehensive healthcare and professional satisfaction. As such, our training year includes opportunities for our residents to integrate with other health professionals in clinical, administrative, and research settings. One way in which this is accomplished is through our trainees' involvement with a variety of healthcare trainees (e.g., Internal Medicine Residents, Nurse Practitioner Residents, Pharmacy Residents) in the Center of Education.

The identified Competencies of the Residency are as follows:

1. Professional values, attitudes, and behaviors
2. Assessment
3. Intervention
4. Ethical and Legal Standards
5. Individual and Cultural Diversity
6. Research
7. Supervision
8. Communication and Interpersonal Skills
9. Consultation and Interprofessional Skills
10. Leadership/Program Management

Overall Program Structure and Training Activities

The program structure is 70% clinical (18 to 22 direct service hours/week) and 30% research/program development (12 hours/week).

Rotations and concentrations will be identified at the beginning of the year based on the above-noted competencies, goals of the training program, and career goals of the Resident.

Training experiences and clinical care may be conducted remotely from campus or from home. Residents may have hybrid work schedules or work solely on campus depending on clinically appropriate care. Residents are provided equipment that allows them to transition easily from home to office.

Focus Areas:

(1) Primary Care-Mental Health Integration (PC-MHI) Focus: In this year-long primary rotation, Residents are co-located in the primary care clinic ("Silver Team;" 20 hours) and collaborate with interprofessional care providers. Residents are available for "warm-handoff" referrals and consultation. Residents provide intakes and assessment; brief, empirically supported psychotherapy; and psychoeducation to Veterans who present with a variety of complex medical and psychological concerns (e.g., chronic pain, diabetes, hypertension, obesity, smoking, etc.).

The PC-MHI Residents' education, research, and clinical activities occur within interprofessional trainee healthcare teams (Nurse Practitioner students and Residents; Psychology Interns and Residents; Pharmacy Residents; Internal Medicine Residents; and Psychiatry Residents). The curriculum introduces learners to the Patient Aligned Care Team (PACT) model of primary care service delivery, which is based on shared decision-making, sustained relationships, interprofessional collaboration, and performance improvement in the care of patients. With the inclusion of Behavioral Health, the silver clinic PACT is a fully integrated care team. The CoEIPC faculty provide consultation to the Residency Program through faculty development; scheduling and logistics; stakeholder buy-in within existing clinical teams; and professional development and teamwork within an integrated interprofessional clinical environment.

(2) Trauma/Substance Use Disorder Focus: In this year-long primary rotation, the Resident is primarily located in the Boise VA Transformation and Recovery Center (TRC). The TRC Team offers specialty PTSD and SUD residential treatment, and the Postdoctoral Resident plays an active role on both teams. As such, Residents are integrated into the multidisciplinary treatment team meetings and functioning, they are invited to shadow or gain experience working with other disciplines in the TRC. Residents complete intake and discharge processes to include completing a biopsychosocial assessment, treatment planning, suicide risk assessment, violence risk assessment, and suicide prevention safety planning. Residents administer extensive assessment measures specific to PTSD and SUD, to include symptom inventories/screeners (i.e. PCL5, PHQ9, BAM, GAD7), psychological/personality assessments (i.e. MMPI, MCMI, PAI) and brief cognitive assessments (i.e. MOCA, RBANS, Trails). They also educate patients about their symptoms and teach techniques to manage symptoms via individual and group therapy. Residents have the opportunity to receive specialized training and become proficient in evidence-based psychotherapy (EBP) for PTSD and SUD, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET), Cognitive Behavioral Therapy for SUD, and Motivation Enhancement Therapy (MET). Residents will be able to lead/co-lead groups for both PTSD and SUD

patients (e.g., ACT, DBT, Process Group, etc.). They are also invited to present during the weekly Case Conceptualization meetings, to consider uniquely-tailored interventions for Veterans with complex presentations. The residential program offers opportunity to connect and consult with other services in the VA to provide wrap around care (i.e., housing, employment, pain management, etc.). Finally, if interested in supplementary outpatient experiences, the PTSD/SUD Resident will have opportunity to work with TRC patients after they transition to an outpatient mental health level of care.

The Trauma/SUD-focused residency aims to train future psychologists in providing high quality care to Veterans from various geographical regions, including underserved, highly rural individuals. The Resident is embedded on an interprofessional team and will work closely with physicians, nurses, pharmacists, social workers, peer support specialists, psychiatrists, and recreational therapists for optimal care coordination of each Veteran. Focus seminars, supervision, and experiences will focus on: 1) training in ethical issues related to PTSD/SUD and interprofessional care, 2) diversity training related to the unique factors that arise in rural settings, 3) evidence-based psychotherapy and assessment, and 4) competency in the delivery of psychotherapy services through various modalities including telehealth.

Curriculum: In addition to didactics focused on enhancing skills and knowledge in the Resident's area of focus, all Residents will attend a seminar series as a group. The bi-weekly, 60-minute *Postdoctoral Residency Seminar Series* includes several professional psychology topics related to entry and practice in the field (e.g., clinical privileging, EPPP preparation, employment search, salary negotiation, curriculum vitae workshop, supervision). Psychology staff present seminars that provide a conceptual framework entailed within their area of clinical focus, providing context to the roles that psychologists play and the knowledge and skills necessary to function within various systems. Several seminars focus on diversity-related topics and all seminars are expected to incorporate critical thinking related to diversity into their presentations. Other seminars focus on enhancement of clinical skills in assessment, psychotherapy and supervision. The Postdoctoral Residency seminars provide a formal opportunity for peer interaction, learning, and consultation. Residents have opportunities throughout the year to recommend topics that they find relevant to their professional training.

Residents also are afforded the opportunity to participate in Internship didactics and are encouraged to attend didactics that fill gaps in knowledge. In addition, all Residents may attend monthly Psychiatry Grand Rounds and other hospital didactics. Psychiatry Grand Rounds topics vary, but generally include new psychopharmacological treatments from evidence-based practice, new and emerging therapy methodologies, and case conference presentations. Faculty also welcome Residents' interest in presenting at Grand Rounds. Each Resident will be engaged in additional didactic programming with their supervisors within their area of focus. Didactic structure varies across emphases.

Supervision: Residents receive training that is graduated in complexity and autonomy based on continual assessment, starting with a preliminary Individualized Training Plan. Residents receive one or more hours of individual supervision and at least two hours total supervision per week. Additionally, interprofessional supervision/mentorship opportunities are encouraged through the Center of Education in Interprofessional Collaboration (CoEIPC). Residents also are required to provide supervision to at least one Intern or practicum student over the course of the year. Supervisory education and skill development is facilitated by the monthly *Supervision Seminar Series* held with the Training Directors.

Residency Meeting: Residents meet quarterly with the Training Directors, providing a forum for exploration of professional practice issues, including training in supervision, ethics, professional and legal standards, culturally competent practice, and preparation for licensure.

Research and Teaching: All Residents are expected to be involved in scholarly activity throughout the Residency year. Postdoctoral Residents are given up to 20% (8 hours) release time to focus on quality improvement projects and/or original research efforts. Each Resident will be assigned to an Interprofessional Quality Improvement Project (iQIP) with quarterly works-in-progress meetings, protected time for inquiry, and continued faculty mentorship to guide them in their project development. IQIP teams present their work at hospital-wide grand rounds at the end of the academic year. Research and QI projects vary greatly and are individually developed with supervision and consultation from the CoE

mentors and residency faculty. Additionally, Residents are expected to be active participants in, and to periodically lead, hospital seminars and internship didactics as a means of developing skills in teaching.

Residents participate in advanced training in managing a quality improvement project. First, in August they participate in a quality improvement elective. This training gathers residents from around the hospital and includes [LEAN](#) training (with the opportunity to receive Yellow Belt certification after the successful completion of a project), introduction into patient safety, HRO principles, patient satisfaction, sustainability, changing management, and project development.

They then have the opportunity to lead a project throughout the year through IQIP (Interprofessional Quality Improvement Project) if their project is selected. This allows residents to practice systemic change in order to improve employee satisfaction, patient satisfaction, and clinical outcomes. Residents will gain valuable early career training that will prepare them for leadership roles within the VHA. Regardless, if the Resident's project is selected, each Resident is assigned to an Interprofessional Quality Improvement Project with quarterly works-in-progress meetings, protected time for inquiry, and continued faculty mentorship to guide them in their project development. IQIP teams present their work at hospital-wide grand rounds at the end of the academic year. Research and QI projects vary greatly and are individually developed with supervision and consultation from the CoE mentors and residency faculty. Additionally, Residents are expected to be active participants in, and to periodically lead, hospital seminars and internship didactics as a means of developing skills in teaching.

Residents will develop mentorship and teaching skills through the facilitation of internship Journal Club. Residents will structure the review and discussion of journal articles relevant to the practice of psychology. This didactic is exclusively managed by residents, which allows for a high degree of autonomy and professional development.

Minor Rotations: In addition to their primary focus clinical experiences, residents select two additional 6-month minor (1 day/week) rotations in areas such as Behavioral Medicine (e.g., transplant/bariatric pre-surgical evaluations; oncology), Behavioral Health Interdisciplinary Program (BHIP), Pain Management, PTSD, Substance Use Disorders, Inpatient Psychiatry, Caldwell CBOC (rural health), Telemental Health Hub, or others (as available). Residents are encouraged to choose rotations that enhance specialty focus areas, as well as those that fill gaps in training.

Locations: Training occurs primarily at the Boise VAMC campus. PC-MHI Residents will be co-located in a primary care clinic, and the PTSD/SUD Resident will be co-located within the residential Transformation and Recovery Center (TRC) and related outpatient clinics. Care will be provided in a variety of modalities, including individual and group interventions, shared medical appointments, telehealth, and interprofessional team consultation.

Schedule: Consistent with most state licensing rules, this postdoctoral program requires a full year commitment (i.e., 2080 hours), beginning in the Summer or Fall. No part-time or unfunded positions are offered. Similar to most behavioral health employees, hours are typically Monday through Friday, 8:00 a.m. to 4:30 p.m., with a 30-minute lunch break, resulting in an 8-hour workday. Residents are encouraged to maintain a 40-hour work week and exceed this only in unusual clinical situations (i.e., emergency) or by personal choice. The program fulfills the licensure requirements for postdoctoral supervised practice in the state of Idaho.

Facility Resources

The Postdoctoral Residents have assigned office space on the Boise campus. All residents share clinical space with psychiatry, social work, nursing, and medical trainees. Additionally, trainees have temporary private offices, many of which are co-located in primary care. Residents have administrative and program support for training and consultation with electronic medical record management, telemental health, clinical applications, data management related to clinical workload, and program and facility performance improvement programs. Video-conferencing technologies are available to support seminars, clinical case conferences, and other trainings, as well as clinical applications. Residents have computers available in their private and temporary offices and online access to journals and library support.

Administrative Policies and Procedures

Resident Evaluation and Minimal Level of Achievement: Residents are surveyed at the beginning of the training year for areas of training need and interest, and this assists in the development of individualized training plans through the Supervision Contract. Throughout the year, evaluation and feedback occurs through the supervisory process to aid the Resident in achieving the program's competencies and the Resident's individual goals. Residents are evaluated quarterly, with the requirement of a minimal level of achievement (MLA) of "4" by mid-year and "5" by end of year. See scale below:

- 1 = Lacks Basic Competency.** Trainee has no skill in this area yet and is need of remedial training. Requires didactic instruction to prepare for performance in this area, and is therefore not yet in client contact.
- 2 = Basic Competency.** Trainee requires intensive supervision that consists of direct observation and detailed preparatory instruction in this skill/domain.
- 3 = Intermediate Competency.** Trainee requires directive supervision and further growth is desirable.
- 4 = Entry-to-Practice Competency.** Trainee demonstrates sufficient competence in this skill/domain to be able to practice independently in an entry-level position. Trainee is aware of the boundaries of his/her competence in this skill/domain and knows when to seek supervision.
- 5 = Advanced Competency.** Trainee almost always brings his/her own appropriate ideas to supervision and is functioning beyond what would be expected for an entry-level psychologist in this domain.
- 6 = Advanced to Expert Competency.** Trainee demonstrates mastery in this skill/domain. Trainee would be able to teach or supervise this skill with minimal guidance.

Overall, the program aims to sustain an "evaluation-rich" learning environment, in which supervisors and learners habitually reflect upon themselves, and in which they exchange feedback in an on-going, supportive, and validating manner. Evaluation, when practiced well, should involve dispassionate critique aimed to improve the performance of Residents and the program itself, rather than criticism, which interferes with accurate self-reflection, impairs relationships between learners and teachers, and impedes progress.

It is always expected that supervisors would have previously identified and discussed with the Residents any concerns that are registered in a summative evaluation. That is, concerns should not be raised for the first time in a written summative evaluation, but will have been raised earlier during on-going formative evaluation, such that the Resident has numerous early opportunities to correct her/his performance. Similarly, concerns with a supervisor or supervision should not be raised for the first time in a written summative evaluation. Faculty meet routinely to discuss Resident progress, for the purpose of identifying additional supports and resources that may assist Residents in attaining the program competencies, and likewise keep the Training Director regularly informed of progress.

Remediation Process and Due Process: Residents are afforded the right to due process in matters of problem behavior and grievances. A due process document is distributed to and reviewed with Residents during their first week of orientation at the Boise VAMC. A copy of the due process and grievance policy is also available on the Boise Psychology Training Sharepoint site.

Self-Disclosure: We do not require Residents to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the Resident's performance and such information is necessary in order to address these difficulties.

Privacy Policy: The programs does not collect any personal information about applicants who visit the website.

Training Staff

Adam Brotman, Psy.D., PC-MHI Psychologist: Dr. Brotman earned his PsyD. in Clinical Psychology from Pacific University in 2008. He completed his doctoral internship at the Student Health and Counseling Center at Central Washington University, where he helped develop a holistic group therapy program to treat depression. He worked from 2008 through July 2011 as a staff psychologist at Atascadero State Hospital, a forensic inpatient psychiatric facility. In this position he helped develop a group treatment protocol based in cognitive therapy principles to treat psychotic symptoms. Dr. Brotman's professional and academic interests include the use of mindfulness in psychotherapy, particularly as a means to help people cultivate acceptance toward themselves and their difficulties and focus on living more fully.

Brienne Dyer, Psy.D., Assessment and Consultation Program Manager, Clinical Neuropsychologist: Dr. Dyer obtained her Psy.D. in Clinical Psychology with a focus in Neuropsychology from Pacific University in 2010. She completed a doctoral internship at the Central Arkansas VA with emphases in neuropsychology and geropsychology, and a two-year postdoctoral fellowship in neuropsychology/rehabilitation psychology at the University of Missouri – Columbia. She joined the Boise VA in 2012. Her primary clinical, research, and training interests include neuropsychology and rehabilitation psychology with Veterans with traumatic brain injury, epilepsy, chronic medical conditions, and PTSD. Dr. Dyer is the Program Manager of Assessment and Consultation services and a supervisor in the Neuropsychology rotation.

Eric Everson, Ph.D., Associate Training Director and BHIP Psychologist: Dr. Everson received his Ph.D. in Counseling Psychology from Marquette University in 2013. He completed his doctoral internship at Utah State University's Counseling and Psychological Services, where he worked for an additional year after internship. Dr. Everson also worked in community mental health in Boise from 2013 to 2014, providing outpatient assessment and psychotherapy for children, adults, and families prior to joining the Boise VAMC in 2014. Dr. Everson's research, and training interests include professional self-care, client and therapist experiences in psychotherapy, and therapist training and supervision. His clinical interests include individual, couples, and group psychotherapy. Dr. Everson currently participates as a team member of a Behavioral Health Interdisciplinary Program (BHIP) as well as the High Risk Review work group and is an Associate Training Director for the Boise VAMC's Psychology training programs.

Mark Heyne, Ph.D., ABPP, Chief of Psychology: Dr. Heyne obtained his Ph.D. in Clinical Psychology with a focus in Rehabilitation from the Illinois Institute of Technology in Chicago in 2011. In 2010 he was commissioned as an officer in the United States Navy, completing his clinical internship at the Naval Medical Center – San Diego and his post-doctoral residency at U.S. Naval Hospital – Naples, Italy. During his almost seven years as an active duty psychologist, he served as Department Head of a behavioral health service, served as Deputy Chief of a residential substance treatment facility, and deployed to Djibouti, Africa as the sole psychologist providing clinical services for over 5,000 military personnel. From 2017-2019, he served as a civilian supervisory psychologist at one of the largest substance treatment facilities in the Department of Defense. His current position is as the Chief of Psychology at the Boise VAMC.

Jana Hobson, Psy.D., C&P Psychologist: Dr. Hobson obtained her doctoral degree in Clinical Psychology from the Hawai'i School of Professional Psychology in Honolulu, Hawai'i in 2011. She completed her APA pre-doctoral internship at the Charles George Veterans Affairs Medical Center in Asheville, North Carolina where she worked with the military population in a variety of settings, including primary care, emergency department, inpatient unit, and the outpatient clinic. Her focus was the treatment of posttraumatic stress disorders, substance abuse, mood and anxiety disorders. Dr. Hobson completed her postdoctoral fellowship in Las Vegas, Nevada, while working with adolescents, adults, and couples. Dr. Hobson joined the Boise VAMC in 2015 and is working part time conducting compensation and pension examinations.

Rebekah Kintzing, Psy.D., Pain Psychologist: Dr. Kintzing earned her Psy.D. in Clinical Psychology from Regent University in Virginia Beach in 2018. She completed her predoctoral internship at the Boise VAMC and a one-year postdoctoral fellowship at the San Francisco VA with a focus on Primary Care

Psychology and Chronic Pain Management. Dr. Kintzing returned to the Boise VA in 2020 where she now serves on the Comprehensive Pain Clinic and Integrated Spine Care interdisciplinary teams. Her clinical, research, and training interests include complex chronic pain in Veterans, health and nutritional psychology, ACT, and interdisciplinary team dynamics.

Emily Konecky, Ph.D., Caldwell PC-MHI Psychologist: Dr. Konecky received her Ph.D. in Clinical Psychology from Idaho State University in 2015. She completed her doctoral internship at the Central Texas Veterans Health Care System, where she worked as staff for an additional year providing outpatient behavioral health individual and group psychotherapy, and assessment. She joined the Boise VAMC in 2016 and is currently a team member of a Behavioral Health Interdisciplinary Program and conducts Compensation and Pension evaluations. Her research interests include effects of trauma on emotion regulation and mental health; and development and psychometric evaluation of psychological assessment instruments. Dr. Konecky's clinical interests include trauma and stressor-related, mood and anxiety disorders, and health psychology. She primarily utilizes CBT, ACT, interpersonal and mindfulness based interventions.

Melissa Kremer, Psy.D., Outpatient PTSD Psychologist: Dr. Kremer earned her PsyD. in Clinical Psychology from the Adler School of Professional Psychology in 2012, with a concentration with in trauma psychology. She completed her doctoral internship at the Boise VAMC. She helped develop the first civilian military psychology academic training program at the Adler School of Psychology. Her research, clinical interests and areas of expertise include trauma psychology, military psychology and evidence-based psychotherapies for PTSD and Telemental Health.

Craig Lodis, Ph.D., PTSD Psychologist: Dr. Lodis received his Ph.D. in Clinical Psychology from the University of Maine in 2013. He completed his doctoral internship at the VA Pacific Islands Healthcare System in Honolulu, HI and went on to complete his Post-Doctoral Fellowship at the Boise VA Medical Center in Boise, Idaho. His research and clinical interests involve the role of avoidance in substance use disorders and co-morbid PTSD. His work in the residential substance use program consists of individual therapy and case management with residents. He also facilitates Seeking Safety and ACT groups for the inpatient and outpatient substance use program. Dr. Lodis also conducts consults on the medical and psychiatric inpatient units for veterans whose mental and/or medical conditions are impacted by substance use. He relies heavily on ACT and MI in the majority of his clinical work.

Cody Maddox, Ph.D., Training Director, Assessment Psychologist: Dr. Maddox received his Ph.D. in clinical psychology from Duquesne University in 2013. He completed his doctoral internship at Penn State Center for Counseling and Psychological Services. Dr. Maddox joined the Boise VA in 2013. He is a member of the Boise Center of Education in Interprofessional Collaboration, a Clinical Instructor for the University of Washington School of Medicine and supervises the Psychological Assessment Minor rotation. His clinical interests include group and couples psychotherapy, psychodynamic psychotherapy, existential psychology, pain management, as well as personality assessment utilizing both objective and projective measures. He is a National Consultant for Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). His primary research interest is in process and outcome studies examining the efficacy of psychotherapy, as well as quality improvement projects.

Ana Messler, Ph.D., ABPP-CN, Neuropsychologist, VISN 20 Clinical Resource Hub / Tele-Neuropsychology: Dr. Messler obtained her doctorate in Clinical Psychology from Arizona State University in 2009. She completed the neuropsychology track doctoral internship at the Medical University of South Carolina / Department of Veterans Affairs (Charleston, SC VAMC) Consortium. She completed a two-year post-doctoral fellowship in neuropsychology at the VA Northern California Healthcare System. Dr. Messler has worked in a variety of VA, non-profit hospital, and military settings, including having served as an active duty Navy psychologist in Helmand Province, Afghanistan. Primary research and clinical interests include attitudes and practices toward tele-neuropsychology within the VA, and neuropsychology as a preventive intervention in individuals with diabetes at risk for dementia.

Gregory W. Mondin, Ph.D., BSN, Home Based Primary Care Psychologist: Dr. Mondin received his Ph.D. in Counseling Psychology from the University of Wisconsin-Madison in 1998. He completed a post-

doctoral fellowship in Exercise, Sport and Counseling Psychology at The Ohio State University Sports and Family Medicine Center. He is currently the lead psychologist for the HBPC team, providing mental health prevention, assessment, treatment, management, and professional consultation services in the Veteran's residential setting. His research and clinical interests include approaches to anxiety and stress management, adapting to lifestyle changes associated with aging and chronic illness, and mindfulness-based treatment of depression.

Karlyne Morawe, Psy.D., BHIP Psychologist: Dr. Morawe received her Psy.D. in Clinical Counseling from the University of Denver and completed her doctoral internship at the Boise VAMC. She completed an additional six months of training as a postdoctoral fellow with a focus in trauma treatment before accepting a staff position with the Boise VAMC Behavioral Health Interdisciplinary Program (BHIP). Dr. Morawe's research has focused on biological processes related to disordered eating behaviors and alternative treatments for PTSD. Her clinical interests include relationship issues, eating disorders, and PTSD. Dr. Morawe currently serves as a member of a BHIP, the Employee Threat Assessment Team (ETAT), and the Boise VA Eating Disorder Treatment Team.

Julia Owen-Shoal, Psy.D., PTSD Psychologist: Dr. Owen-Shoal received her Psy.D. in Clinical Psychology from the Florida Institute of Technology in 2006. She completed her pre-doctoral internship at the Miami VAMC. Post-internship, she started a new PTSD Clinical Team (PCT) at the Lake City VAMC where she served as the MST coordinator and a Prevention and Management of Disruptive Behavior (PMDB) trainer. In 2013 she transferred to the HONOR Center Domiciliary, a 45-bed residential psychosocial treatment program for Homeless Veterans in Gainesville, FL. She joined the Boise VAMC in 2019 and is currently a team member of the PTSD residential treatment program. Her primary clinical, research, and training interests include PTSD, Personality Disorders, Health Psychology, and the Recovery Model. She primarily utilizes second and third wave CBT based interventions.

Danae Perez-Cahill, Ph.D., Primary Care-Mental Health Integration (PC-MHI) Program Manager, Psychology Administrative Supervisor: Dr. Perez-Cahill obtained her Ph.D. in Clinical Psychology from the University of Massachusetts, Amherst in 1998. She completed a doctoral internship and post-doctoral fellowship at Beth Israel Deaconess Medical Center (BIDMC), as well as a post-doctoral neuropsychology fellowship at Massachusetts Mental Health Center/ BIDMC. She worked for over 10 years at BIDMC, where she provided psychotherapy services and neuropsychological evaluations to a primarily Spanish-speaking population. She has worked at the Boise VA for the last 13 years as the Program Manager for the PC-MHI team and as a clinical supervisor for the Psychology internship and post-doctoral training programs. Her clinical interests include primary care-mental health integration, CBT-i, neuropsychology, and Latino mental health. Dr. Perez-Cahill holds a clinical faculty position with the University of Washington Department of Psychiatry and Behavioral Sciences.

Alison Radcliffe, Ph.D., MSCP, Pain and SUD Psychologist: Dr. Radcliffe earned her Ph.D. in Clinical Psychology from Wayne State University in 2009. She completed her doctoral internship at Henry Ford Hospital in the Health Psychology/Consult-Liaison track. She worked at Boise State University Health Services from 2009 to 2011, focusing on creating an assessment protocol to better diagnose and treat ADHD. She briefly worked in a community before returning to Boise State Health Services where she worked with other entities across the state of Idaho to help create, and obtain APA accreditation for, the Idaho Psychology Internship Consortium. Her professional and academic interests include mindfulness, health psychology, and the management and treatment of pain conditions. Dr. Radcliffe works Pain and SUD Psychologist as a member of the Pain Clinic.

April V. Rose, Psy.D, Staff Psychologist: Dr. Rose received her Psy.D. in Clinical Psychology with an emphasis in health psychology from George Fox University in Newberg, Oregon in 2018. She completed a clinical internship with a focus on outpatient treatment of posttraumatic stress disorder at the Charlie Norwood VAMC in Augusta, Georgia. Her postdoctoral residency continued this focus on treatment of PTSD in both residential and outpatient settings at the Boise VAMC in Idaho. In 2019, she accepted a position at the Boise VAMC as a psychologist on both the outpatient PTSD Clinical and Substance Use Disorders treatment teams. Her theoretical orientation is Third Wave Cognitive Behavioral. Dr. Rose is

certified as a provider of Cognitive Processing Therapy and has experience with application of evidence-based treatments including Prolonged Exposure, The Unified Protocol, and STAIR.

Gavin Shoal, Ph.D., Substance Use Disorder Psychologist: Dr. Shoal obtained his Ph.D. in Clinical Psychology from the University of Kentucky in 2005. He completed his doctoral internship at the Cincinnati VA with emphases in substance use disorders and neuropsychology. He subsequently completed a post-doctoral fellowship with emphasis upon substance use disorder treatment at the North Florida/ South Georgia Veterans Health System. Following his fellowship, he served for 10 years as Clinical Coordinator for the NF/SG VHS Psychosocial Residential Rehabilitation Treatment Program (PRRTP), leading a team caring for Veterans with comorbid serious mental illness and substance use disorders. He joined the Boise VA in 2019 and is currently a staff psychologist with the Behavioral Health Interdisciplinary Program. Dr. Shoal's research interests focus upon substance use disorder etiology and antisocial behavior, especially amongst adolescents and young adults. He is also passionate about workplace team development and the incorporation of physical health interventions (e.g. exercise programming) into holistic approaches to mental health care.

Leigh Smithkors, Ph.D., Associate Training Director and Caldwell CBOC Psychologist: Dr. Smithkors received her Ph.D. in Clinical Psychology from the University of Iowa in 2011 and completed her postdoctoral Fellowship in Substance Use Disorders at the North Florida/South Georgia VAMC in Gainesville, Florida. She joined the Boise VA after serving as an Assistant Professor of Psychology at Southern Polytechnic State University from 2012 to 2014. Dr. Smithkors currently serves as a national consultant in the Acceptance and Commitment Therapy EBP training program and as a member of the VA Puget Sound/VISN 20 Institutional Review Board, the BVAMC Research and Development Committee and the BVAMC High Risk for Suicide Committee.

Lindsay Solfelt, Psy.D., BHIP Psychologist: Dr. Solfelt received her Psy.D. in Clinical Psychology from Regent University in 2022. She completed her doctoral internship at Boise VA Medical Center and joined the Behavioral Health Interdisciplinary Program (BHIP) as a graduate staff psychologist following completion of her internship. Her clinical practice includes individual, couple, and group psychotherapy. Dr. Solfelt's professional and academic interests include Acceptance and Commitment Therapy (ACT), Whole Health, mindfulness, reproductive mental health, and couples treatment.

Jeff Sordahl, Psy.D., ABPP-CN Neuropsychologist, VISN 20 V-IMPACT PCMHI Program Manager: Dr. Sordahl obtained his Psy.D., in Clinical Psychology from George Fox University in 2013. He completed a doctoral internship at the Boise VA Medical Center with emphases in neuropsychology and integrated care. He completed a two-year post-doctoral fellowship in neuropsychology with a minor in integrated care at the South Texas Veterans Health Care System. Dr. Sordahl joined the Boise VA in 2015. His primary clinical, research, and training interests include neuropsychology, Telehealth, rural health, and integrated care. Dr. Sordahl is an active member of the National Academy of Neuropsychology (NAN), American Academy of Clinical Neuropsychology (AACN), and Division 40 of the APA.

Tanya S. Watford, Ph.D., BHIP Psychologist: Dr. Watford received her Ph.D. in Clinical Psychology from Bowling Green State University in 2020. She completed a doctoral internship at Boise VA Medical Center, where she accepted a staff position upon completing internship. Dr. Watford's research interests include psychophysiological and cognitive factors in goal-directed behavior with an emphasis on emotion regulation and mindfulness. Her clinical practice includes individual and group psychotherapy, with specific interest in Acceptance and Commitment Therapy (ACT), mindfulness, and health psychology. Dr. Watford currently participates as a team member of a Behavioral Health Interdisciplinary Program (BHIP) and as a team member of the Employee Whole Health and Engagement Committee.

Laura Wetherbee, Ph.D., PCMHI Psychologist: Dr. Wetherbee received her Ph.D. in Clinical Psychology with a focus on Diversity and Community Mental Health from Pacific Graduate School of Psychology at Palo Alto University in 2016. She completed her doctoral internship at Kansas City VA, and her postdoctoral fellowship in PCMHI at Boise VA. Dr. Wetherbee worked in BHIP and conducted Compensation and Pension Evaluations before returning to PCMHI. Her research interests include

interprofessional team functioning and clinical outcomes. She utilizes CBT, ACT, MI, and mindfulness-based interventions.

Links

Boise Center of Education in Interprofessional Collaboration:

<http://boisevacoe.org/index.php>

Chamber of Commerce: <http://www.boisechamber.org>

POST-DOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are updated: 08/02/2023

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The application and selection process has been designed to be in accordance with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including notification of selection. Application materials will be reviewed upon receipt, and top candidates will be invited for phone/video interviews. Our interview and selection criteria are based on a goodness-of-fit model. Ideal candidates have the knowledge and skills to contribute to and succeed in our postdoctoral program, as well as professional goals that align with the experiences our program offers. Preference is given to candidates that have demonstrated strengths in clinical work (including experience with empirically supported psychotherapies), scholarly productivity, experience with relevant populations and systems (e.g., rural, interprofessional, and Veterans), and advanced professionalism. Applicants are welcome to visit the facility, but all formal interviews are completed via telephone or videoconferencing.

The Boise VAMC is committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups. The Boise VAMC adheres to the Americans with Disabilities Act (ADAAA; ADA Amendment of 2008 effective January 1, 2009).

Describe any other required minimum criteria used to screen applicants:

Completion of an APA accredited or VA internship; completion of an APA accredited doctoral program

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$52,005	
Annual Stipend/Salary for Half-time Residents	NA	
Program provides access to medical insurance for resident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours	
Hours of Annual Paid Sick Leave	104 hours	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): Federal holidays (11); 5 days authorized absence for approved professional activities (e.g., VA job interviews, workshops, etc.); Eligible for Dependent Care and Medical Care Flexible Spending Accounts; Eligible for life insurance; Weekly professional development time		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 cohorts)

Total # of interns who were in the 3 cohorts	6	
Total # of interns who remain in training in the internship program		
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	0	5
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	1
Other	0	0

Note. “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.